

**Index of Claims**

**Application/Control No.**
**10/649,513**
**Examiner**
**Joshua A. Lohn**
**Applicant(s)/Patent under Reexamination**
**UNKLE ET AL.**
**Art Unit**
**2114**

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| <input checked="" type="checkbox"/> | <b>Rejected</b> |
| <input type="checkbox"/>            | <b>Allowed</b>  |

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| <input type="checkbox"/>            | <b>(Through numeral)<br/>Cancelled</b> |
| <input checked="" type="checkbox"/> | <b>Restricted</b>                      |

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| <input type="checkbox"/>            | <b>N</b> | <b>Non-Elected</b>  |
| <input checked="" type="checkbox"/> | <b>I</b> | <b>Interference</b> |

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| <input type="checkbox"/>            | <b>A</b> | <b>Appeal</b>   |
| <input checked="" type="checkbox"/> | <b>O</b> | <b>Objected</b> |

| <b>Claim</b> |                 | <b>Date</b>     |                |
|--------------|-----------------|-----------------|----------------|
| <b>Final</b> | <b>Original</b> | <b>11/14/05</b> | <b>3/15/06</b> |
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| 1            | 8               | ✓ =             |                |
| 2            | 9               | ✓ =             |                |
| 3            | 10              | O =             |                |
| 4            | 11              | O =             |                |
| 5            | 12              | O =             |                |
| 6            | 13              | O =             |                |
| 7            | 14              | O =             |                |
| 8            | 15              | O =             |                |
| 9            | 16              | O =             |                |
| 10           | 17              | O =             |                |
| 11           | 18              | O =             |                |
| 12           | 19              | O =             |                |
| 13           | 20              | O =             |                |
| 14           | 21              | O =             |                |
| 15           | 22              | O =             |                |
| 16           | 23              | ✓ =             |                |
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| <b>Claim</b> |                 | <b>Date</b> |  |
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| <b>Claim</b> |                 | <b>Date</b> |  |
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